

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/500501  
APPLICANT(S)

FILING DATE

page 1 of 2

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		3		1		
5						
6		1		1		
7						
8		2		1		
9		2		1		
10						
11						
12						
13						
14						
15						
16						
17	1		1			
18		1		1		
19						
20		1		1		
21						
22						
23	1					
24						
25						
26						
27						
28						
29	1					
30		1		1		
31						
32						
33						
34						
35	1		1			
36						
37						
38						
39						
40						
41						
42	1		1			
43						
44						
45						
46						
47	1		1			
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53						
54						
55						
56	1					
57						
58						
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64						
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78	1		1			
79						
80						
81						
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85						
86						
87						
88						
89						
90						
91						
92						
93						
94	1		1			
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10560501  
APPLICANT(S)

FILING DATE

Page 2 of 2

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
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148						
149						
150						
TOTAL IND.		↓	8	↓		↓
TOTAL DEP.	←		23	←		←
TOTAL CLAIMS			31			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
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197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						